**SUPPLEMENTARY FILE**

**(TRANSCRIPT OF INTERVIEW- TRANSLATED ENGLISH VERSION)**

**INTERVIEW NUMBER 1 (P1)**

**I: Can I know your age?**

R: 59 years

**I: And your marital status?**

R: Married

**I: What is your profession?**

R: Nursing I am the in charge of the health facility

**I: Sir, do you seem to have spent a lot of time managing those with Covid 19?**

R: Of course since its inception

**I: For how long?**

R: From March up to date

**I: Have you been trained specially on Covid 19 or based on your experience?**

R: Yes, I have been trained. I am working in Covid 19 center. I have been involved in managing patients with highly infectious diseases such as the Lassa fever at ‘Yargaya’ isolation centre. I am the in charge of Yar-gaya isolation center where infectious disease are manage, we went for Ebola training in Lagos 2014, and we take care of Lassa fever for years in our facility when we have first index case been we are trained and also in charge of the facility we are ask to manage those with Covid-19

**I: How did you get involve in managing patient with Covid-19 since you are already working in isolation center?**

R: Yes, I work there

**I: So since you are working there and Covid-19 treatment was to be managed in the isolation center then you become involved?**

R: Yes

**I: In brief what is your believe with Covid-19 before the first index case found in Kano?**

R: Been I am a trained professional I know there are viral disease and because I mange Lassa fever when I heard of Covid-19 I know it exist and I don’t have doubt

**I: As a healthcare professional did you make some preparation at your workplace before the index case?**

R: Yes, we have made arrangements government have provide us with everything that we have requested for because we expect Covid-19 and it happen we have made arrangement since before we have the index case

**I: How is the health status of Covid-19 patient did they improve?**

R: Yes they improve very well and some come back for follow up

**I: Patient recover after following the guide rules on admission?**

R: If God wills and he follow the rules of isolation center they recovered only those that are brought to us unconscious there are different type of patient so those that were brought conscious has recover and have been discharge

**I: What are the routine activities for managing patient with Covid-19 from admission up to discharge?**

R: First of all as a nurse if a person is admitted with Covid-19 we admit him we welcome him to a new place will take him to his room and give them some orientation on how to use toilets, switch AC and how to responds to our phone call if necessary the doctor will examine him base on his condition and prescribe him a drug as nurses we are the custodian of the patient when prescription was done we take over and provide him with the necessary drugs we are also responsible for his welfare such as food, water, soap, laundry soap, body cream if needed, toiletries and so on

**I: Did they stay long?**

R: Yes, it vary depending on one’s condition

**I: Is there a place for exercise because of fatigue?**

R: We have an empty space for exercise, but we don’t have exercise gadgets there is a field that is as long as a meter, so you can walk around and we encourage them to walk two or three times depending on ne interest and advice them to have a rest when tired there is a lot of space in the place where you can go for a walk.

**I: How is patient level of cooperation because we once found a video on patient with Covid-19?**

R: At first found ourselves in such a situation some patient don’t believe they are infected they feel they are just brought to the isolation center because of self interest

**I: Sir, someone will be roaming about and didn't even know he was infected?**

R: Yes

**I: What is the level of their cooperation?**

R: We study human behavior during our Degree program in nursing so this helps us to manage people with different behavior they did not cooperate at first but later on with time and the nature of treatment we give them they later cooperate and apologize for their mistakes

**I: Is there services that need improvement?**

R: For now

**I: Yes?**

R: We need more protective equipment such as PPE, hand gloves, goggle, face mask, face mask such as N95 and so on’Eh EPE

**I: More of them will improve the services provided?**

R: Of course they will help a lot government is trying but we need more

**I: How did managing those with Covid 19, affect daily routine activities?**

R: It doesn’t affect my daily activities because there is no difference in managing Covid 19 patient and normal patient

**I: How does it affect you from having contact with people or any business you render?**

R: Some people were afraid of mingling with me at first because of the fear of contacting the virus from a health worker who works at the isolation centre

**I: Is the job too demanding compared to normal hospital work?**

 R: No there is division of labor in our department, we divided the work, everyone is giving a specific duty within a time it’s not much demanding

**I: Are there guideline that you give for patient after he recover before you discharge him?**

R: Yes, what happens is that if we confirm that a person has undergone series of test and tested negative and we plan to discharge him we used to tell them that they have to be in self-isolation for not more than one week before they go back to their normal activities we then write him a discharge letter

**I: is there issue that reminds him of the use of hand sanitizer and so on.**

R: Yes, we counsel them on the use of hand sanitizer, face mask and social distancing; we provide them with some if available at the facility during discharge

 **INTERVIEW NUMBER 2 (P2)**

**I: Can I know your age?**

R: 57

**I: What is your marital status?**

R: I have 8 children

**I: What is your profession?**

R: Nursing

**I: How long have you been managing those with Covid-19?**

R: Since the inception

**I: Have you been trained on how to manage those with Covid-19?**

R: Yes

**I: Was the training done here in Kano?**

R: Yes

**I: Where did you work before Covid-19?**

R: I work in isolation center

**I: How did you get recruited to manage those with Covid-19?**

R: Actually we are those who manage patient with Lassa fever, we were trained at Royal Tropicana Hotel

**I: Well it was from Lassa treatment then you are recruit for Covid-19?**

R: Yes

**I: What was your believe on Covid 19 before first index case in Kano?**

R: Managing those with Lassa fever make me believe with Covid 19 because it’s said to be infectious disease and I have manage different type of infectious disease

**I: Did you made some preparation before we have index case in Kano**

R: Yes, we have been given orientation on how to prevent been infected because we work at isolation center and are expecting any case will be refer to us

**I: You have prepare to receive any case in your facility?**

R: Yes I am the first staff to admit first positive case

**I:How did you see the health conditions of those with Covid-19 are they getting better or deteriorate?**

R: Their health status improved very well the way we treat them make them to become a family I even have contact with some of them up to now I don’t have any complain

**I: What are the routine activities for managing those with Covid-19 from admission up to discharge?**

R: Yes, we organize things based on your condition during admission, what is wrong with you, what treatment we should render you up to discharge

**I: Specifically what are the routine activities you do for a patients?**

R: We treated patient based on their present condition since there is no specific symptom for Covid 19 so if you have headache, cough and whatever condition we treated you based on your condition..

**I: Its part of your routine activities to counsel patient on how to prevent himself from infecting others with Covid-19?**

R: Of course, we have a counselor who counsels patients in order to calm them that people recover from the infection.

**I: How did you go with nature of their food, exercise and medication issues?**

R: They were not very compliant when they were first admitted especially the younger agile one so whenever I am with them we have a good relationship they ask me of football, Mama I have recover so we don’t have problem with them because we still communicate with some where I save their number with Sai mama because I cannot recall all their names

**I: That means they were very comfortable there?**

R: Yes very comfortable

**I: So this details on our next question is about cooperation did they cooperate?**

R: Of course there is cooperation because anyone who has a problem will this and that, Mama we cannot do this

**I: You know there was a time when video was circulating all over Kano?**

R: Yes, I do not know, even though I was among it

**I: That is why we are asking you about their level of cooperation?**

R: Yes they cooperate especially when I am with they use complain Mama we need this and later on I make sure I provide them with it

**I: How did managing those with Covid 19 affect your daily routine activities?**

R: When I am in public people are afraid of having contact with me especially those that know I am working in an isolation center so I have to be explaining to them that people recover even after been infected but it doesn’t affect my daily activities because we have off duty that we rest

**I: Is there any guideline that you give patient before discharge?**

R: Before we discharge a patient he undergone 2 series of test when tested negative we inform him that he is negative and he will be discharge we used to tell those that have been discharged to inform their families how much they suffered when they contacted the virus so that family members will adhere to all preventive measures we encourage him to use facemask, social distancing, washing hand with sanitizer so as to prevent himself from been affected

**INTERVIEWER NUMBER 3 (P6)**

**I: Can I know your age?**

R: 22 years

**I: Marital Status**

R: Single

**I: Profession**

R: Nurse

**I: How long have you been managing Covid 19?**

R: Since the inception

**I: Ok since April**

R: Yes

**I: Did you undergo any training before you start managing those with Covid 19**

R: There was no special training on Covid 19 I was only taught how to use the EPE when I was recruited

**I: Did you work in isolation center before?**

R: No

**I: How did you get recruited?**

R: I have never worked in this kind of place. I was just recruited by the medical director of the isolation centre when the pandemic started

**I: You were just picked up from where you were working?**

R: Yes, I work in private hospital

**I:As a health professional what is your believe on Covid 19 before the index case in Kano?**

R: I believe since I heard of Covid 19 around December I believe it will come just like other pandemic and it will go at a time

**I: As a health worker did you made some preparation before the index case in Kano?**

R: No.

**I: How can you rate the health status of the patients you are treating on admission to discharge?**

R: It has improved a lot most times they used to be back on their feet even after their health status deteriorated. They received adequate care

**I: What is the level of cooperation of those with Covid 19 while on admission?**

R: Yes at first they are not cooperating

**I: That was the first time?**

R: Yes most of the youth at first are not cooperating because they don’t believe with the pandemic and they claim they are negative so when they see those taking medicine have been tested negative and been discharge they start to cooperate and take their medication because at first they don’t even take their medicine

**I: It's a shock when there is a video circulating saying they don't believe in a Covid 19 and I know the case has been found….?**

R: Many of them don't believe they are infected and don't even take the medicine so when they see those who believe are recovering they now start to believe with it and cooperate seeing people are discharge leaving them behind

**I: Is there any areas that need to be improved?**

R: At first we have a challenge in the isolation center since some patient feel when there are in isolation center there must be provided with all what they need

**I: They need to be provided with everything?**

R: Yes we provide them with everything they use to call us that they need food because they always want to be given more because they feel hungry easily the one government provide them with is not enough so we have to give them another one they always complain of food

**I: Meaning that there are challenges with the patient on their own?**

R: Yes there are those who give us a problem.

**I: So for example the care you provide is there any need for improvement in the service you render ?**

R: We have staff shortage, we complain and later on we are provided with more staff

**I: Provision of more staff help to improve your work?**

R: It helps us very well in managing patient which makes our work easier

**I: Ok good and what of equipment use?**

R: We don't have much, when we are going in team we have to wait for doctors to finish attending to patient before we go in because of lack of materials especially EPEs we only more thermometer than other materials needed

**I: There is need of government to provide more equipment?**

R: Yes there is need although government have try a lot by providing what we request for

**I: But how does managing those with Covid 19 affect your daily activities?**

R: It has affect my routine activities because I feel fatigue and always stay at home to have rest then but for now that we are having less patient there is not much work load though there is still different complain from patient which make us feel exhausted everyday.

**I: Meaning that just after normal work you have made a great sacrifice in managing patient?**

R: Yes, everyone who work here has sacrifices a lot because they have suffered

**I: What are the routine treatment activities you render for the patients from admission up to discharge?**

 R: When patient is first admitted in ICU, the response team will notify us and we prepare our EPEs and then admit him, we call doctors and call welfare to prepare his food, water, shoes, tooth paste and tooth brush, we welcome them and give them first aid treatment especially if they are in need of oxygen we take their vitals and any complain and refer their complain to doctors for prescription, we later take doctor prescription to pharmacy for drugs that will be given them.

**I: For example, there are two or three important issues, such as the nutrition of the food he eats, the amount of time he spends exercising and the awareness of the patient education so that he can present himself in this how do you do that?**

R There was a time some of the younger patients asked me to buy them a football to play, but I encouraged them to always walk round the corridor that it will have the same benefit and we encourage the female to walk between veranda

**I: Is there some guide line or preparation for a patient before discharge?**

R: There is adequate preparation. When we look at your test, it turns out to be negative we printed the result for proof that you are free from Covid-19,fumigate their belongings and burn some to avoid infecting others after then we call them and counsel them on taking the preventive measures you and your family should follow the prevention rules and take precautions by using face mask and hand sanitizer we also used to give them face masks and sanitizers.

**I: Is there any plan for follow up?**

R: Of course we call them for follow up after discharge , we have center mainly responsible for follow up they remind them in due date.

**I: And they come back follow up?**

R: Actually they are coming back

**INTERVIEW NUMBER 4 (P4)**

**I: Can I know you age?**

R: 32years

**I: And marital status?**

R: Married

**I: What is your profession?**

R: Environmental health technician

**I: For how long have you been managing those with Covid-19?**

R: March 2020

**I: Ok right from the first inception?**

R: Yes since the first index case

**I: Have you been previously trained on Covid-19?**

R: I am trained on Ebola since 2015 before I come to kwanar dawaki

**I: How long did the training last for?**

R: The training last for 2 weeks and I proceed to work in Cameroon for 3 month

**I: How did you get recruited to work in isolation center?**

R: I am the house management officer in Kwanar Dawaki before the inception of Covid 19 our center is used as isolation center I become the head of cleaners who are in charge of fumigating and cleaning of the facility when Dr Hussaini and ES Dr Sabitu are looking to recruit those that will take care of the facility that was when ia am recruited to work for Covid 19

**I: What is your believe about Covid 19 before the first index case in Kano?**

R: I believe with it existence because I how people are suffering I made preparation base on my profession before the index case in Nigeria

**I: So you agree it exist?**

R: Yes I agree

**I: Now for example as a health care professional what kind of preparation did you do before the index case in Kano?**

R: Actually in the first part of my profession we have to be careful with our neighboring state border, for example in environmental profession we close border to avoid the spread of the disease and we should also fumigate and quarantine those crossing from other countries and take preventive measures

**I: So this is before we have an index case so any visitors need to be quarantine?**

R: Yes according to my profession

**I: How do you see the health status of the patient you have been managing in isolation center did they improve or deteriorate?**

R: Yes it has improved so much, they are taken care of in the morning, evening and night the environment is also clean and neat because we go there everyday

**I: Among those I interview show that they are taking good care of?**

R: Of course we take care of them because I am the one who fumigate them every day without assigning sub staff so as not to infect them

**I: What are the routine activities you carried out in the isolation center?**

R: When patient is brought in a car environmental officers are those who take him to nurse session the nurses session will take him in and fix his bed and make him comfortable and then the doctor will come and give him prescription base on his condition if he has issues or diabetes then his food will be provided according to his health status, we make sure it does not affect his condition

**I: For example, nutrition, exercise and so on?**

R: they are usually fed with balanced diet 3 times daily, we have an empty field they come out and do some exercise

**I: What is the level of cooperation of those with Covid 19 in isolation center as video go viral about patient complaining that they are just kept in the isolation center they are not infected?**

R: It was a real issue when the video went viral and we came in because at that time I know one among them that lost his neighbor after the video he feel worried I tell him that as you can see that the government is trying to make sure that you did not infect others that is why you are brought here to be taken care of and we are here because of you we have made scarifies to take care of you he later regret and said if he have phone he could have enlighten people about the disease

**I: But are they very cooperative?**

R: Yes, after we convinced him they give us maximum cooperation

**A: How did managing those with Covid 19 affect your daily activities?**

R: I had some issues working on Covid, I have to isolate myself when at home in different part from my family to avoid infecting them and my neighbors avoid having contact with me because they are of afraid of been infected been that I am working in isolation center

**I: Your daily activities as business, shopping mall how did it affect your routine activities?**

R: Yes, it affect my activities because I am running a small business and people stop patronizing me because I work in isolation center and are afraid to be infected

**I: Is there any guideline on preventive measure for patient that is discharge in the isolation center?**

R: Yes, when the patient was first discharged. I was there when spend 30 to 40 min guiding them on how to clean their bathroom, wash your hand time to time using sanitizer to avoid infecting their family and they appreciate we still have contact with some of them

**A: Is there plan for follow up after discharge?**

R: Yes, of course, we used to tell them to come for follow-up some of them are presently coming for ECG (electro cardiogram) as participants in one on-going research

 **INTERVIEW NUMBER 5 (P14)**

**I: What is your age?**

R: 33

**I: Can I know your marital status?**

R: Single

**I: What work do you do for them there?**

R: I am a sub-staff

**I: How long have you been working for them at this isolation center?**

R: Since March we work there in the isolation center morning to evening before the first index case of Ambassador XXXX arrived

**I: Did you attend any training before you start working in isolation center?**

R: Yes I did

**I: How many days or months do you spend in the training?**

R: It was 3 day training

**I: How were you recruited you say you were transfer from Yar-gaya?**

R: Yes I work at yar gaya we work for Lassa and monkey pox as emergency

**I: Ebola right?**

R: No, Ebola has not been found in Kano, but the center has been opened since Ebola was found in the world

**I: How do you feel about your belief in Covid 19 before the index case in Nigeria?**

R: I agreed with Covid 19 long before it came

**I: Because you have seen diseases that are very similar or..?**

R: There are many similarities with it, there are some that are more lethal, and there are some that are similar to it, but in the world now, since from birth, I have never seen deadly disease as tobacco

**I: Did you made some preparation before the index case in Kano?**

R: Yes I have made preparation because since when we are having training some people try to drop out because of the high rate of daily death in infected countries

**I: But for example, apart from the training you received, did you made any preparation before the inception of the disease?**

R: I was very well prepared though

**I: What do you think?**

R: There was a time when it was thought that it has come to Lagos even before the index case here in Kano I feel scared I can’t sleep that day because of fear.

**I: You made your plans after the government gave you the go-ahead?**

R: I was very nervous and I told my brothers I work there so we need their prayer on the diseases that is happening and many of them also watched on TV

**I: How was the health status of those in isolation center did it improve?**

R: There has been a lot of progress you have to be patience in dealing with a lot of people I am the first sub staff that spend a night with Covid 19 patient

**I: There is improvement in their health status?**

R: Absolutely

**I: What are your daily routine activities in managing those with Covid-19?**

R: On our part, sub-staff we make sure that their environment are clean

**: How is their level of cooperation?**

R: They don’t cooperate some have cooperated with us and some we have to cooperate with them

**I: You have to explain?**

R: Some people are not comfortable with you, but since you are there because of them you have to be patience to prevent the spread of the disease in your state especially those with infectious disease are hard to manage so some are trying to infect you too they tried to physically touch our staff in order to infect them, since they know that COVID-19 can be spread through contact. We decided to always visit the ward as a team of 3 to 4 staff in order to protect ourselves that is how we manage to work with them

**I: That is, if I understand some didn’t cooperate and try to infect you also?**

R: Yes, some claim that Covid 19 is just a lie, they heard on radio that each patient is givin 60,000 so they have to be provided with all what they need

**I: Is there any service that needs improvement?**

R: Absolutely

**I: Example?**

R: For yargaya we have a lot of space in the yard and it’s a high way so a part from the isolation center there is need to build a hospital because of number of accident that happens daily in the area

**I: Those managing those with Covid 19 affect your daily activities?**

R: No because is a privilege to have something that will engage you

**I: Is there any guide for those with Covid before discharge?**

R: Yesdoctors give him some take home medicines and then ask him to come back after 2 to 3 weeks for follow up mostly Tuesdays

**INTERVIEW NUMBER 6 (P11)**

**I: What is your age?**

R: 33

**I: And your marital status?**

R: Single

**I: Can I know your profession?**

R: Community health worker / diploma

**I: How long have you been managing those with Covid-19?**

R: Since the inception

**I: OK since around March, April or May?**

R: I forgot but from the inception

**I: Ok it was around March?**

R: Yes

**I: Did you attend any training on Covid-19?**

R: No

**I: But without training how did you get recruited?**

R: I forget I am trained

**I: For how long?**

R: For 2 days on how to use EPE

**I: How did you get recruited to work in isolation center did you work there or you work somewhere else?**

R: Yes I work in the isolation center

**I: So since you work there when Covid 19 comes you just continue to treat them?**

R: Yes

**I: As a health professional did you believe with Covid 19 before index case in Nigeria?**

R: I really believe with it and I'm sure it can come to my country

**A: As an individual or place of your work did you made any preparation or take any preventive measures before the first index case in Kano state?**

R: There was not special preparation that we made until when we heard it has spread to Lagos and Jos that is when we start preparing for any case and at that time we move to Kwanar dawaki from yar gaya because at Yar gaya there is no enough bed and other tools use to prevent ourselves

**I: This was all done before first index case in Kano that means you made some preparation?**

R: Yes we made some preparation

**I: Now, based on your experience with Covid 19 patient how will you rate their health status from admission up to discharge?**

R: There health status really improved because some were admitted unconscious and have recovered fully before discharge because of the way they are treated

**I: What are your routine activities in managing those with Covid 19 in the isolation center?**

R: I can't tell you anything about this except the nurses. My only job is to go and ask them who needs everything related to food items and utilities because we are responsible for food delivery

**I: What of the nature of the food you give?**

R: We provide them with healthy breakfast, lunch and dinner including tooth paste, tooth brush, soap bucket if needed and so on.

**I: Do you have any connection with helping them if they want to exercise or something since it is a place that will always be the largest place for them to feel strong and stay in one place?**

R: Yes, they are saying that some people go out of the corridor between their rooms to another room, so they go out and exercise a little bit, because there are young people who are brought in first some patients ask us when bringing them dinner we should provide them with football, it has been long we haven’t play football and we need some exercise

**I: Did you counsel them on preventive measures or any rules to follow to avoid been infected again?**

R: No matron KB as I told you earlier is the counselor he usually enlighten them on preventive measures and also some of the Dr counsel them that there is CCTV camera and we are watching your moves so you should behave well if you need assistant you should contact us through intercom

**I: Is there any area based on your experience that needs to be improved?**

R: Yes, the food that is being brought to them needs to be improved because some of our patient's are those from rural area the food is not enough for them they always complain they need more even if they eat enough, they will call and complain of hunger

**I: Those dealing with Covid 19 patient affect your daily activities?**

R: No, it didn't

**I: Is there any guide you give them before discharge?**

R: Yes, I can't say anything but I know they are given

**I: Is there follow up?**

R: Yes, they come back twice because we are here. They have been called and given some tests. I can't be specific but they have been given some tests and then they come back.

**INTERVIEW NUMBER 7 (P8)**

**I: What is your age?**

R: 26 years

**I: What I your marital status?**

R: Single

**I: Can I know your profession?**

R: Medical doctor

**I: How long have you been managing Covid-19?**

R: Since the beginning since December

**I: Any previous training specifically for Covid-19?**

R: Yes before I even start

**I: Training specifically on Covid-19?**

R: Yes I am trained

**I: For how long?**

R: Just I think not more than 2 weeks

**I: How where you recruited?**

R: It’s my PPA

**I: What is your believe on Covid 19 before we got index case in Nigeria?**

R: What do you want me to say this could be a bit bias since I work with the Covid 19 I saw people die in fact a lot so this is no and before I already know the thing since I was managing Lassa before I was saying we are dealing with Lassa when Covid 19 was first discussed

**I: You know sometimes it seems like even within a health professional there are people who don't even believe with Covid-19?**

R: No when we have the issue of a student from China has come to Kano we were anticipating

**I: Before we get our own index case in Kano is there personal preparation that you have made?**

R: It is not a personal preparation I have just been hoping it don't come and unwillingly no further preparation

**I: Kano state for example there is a preparation done even before we get the index case in Kano?**

R: Honestly you see this I won’t know since I wasn't part of this thing I came here officially. I was asked from the specialist’s hospital where I work to report to this isolation centre to manage patients with COVID-19. I don’t know what is going on with Covid 19 but you also know since we have the index case isolation center was already there so most likely there were anticipating something they have prepare for it

**I: How is the status of Covid 19 patient you treated so far while on admission?**

R: Status you mean like me

**I: How did they improve, their health status?**

R: Generally 80% come even though with severe symptoms 80% where able to agro them and 20% definitely we have to lost some along the way due to other issues most likely not the Covid most likely due to complication DTA etc

**I: You are able to discharge almost 80% patient?**

R: About 80% of our patients recovered even though most of them were admitted with severe symptomsand we lost 2 along the way specifically when there is high rate of death

**I: What are the routine activities you carried out for patient from admission up to discharge from isolation center?**

R: Once Patient is admitted nurses will enter in and admit him so the next thing Dr on duty will enter and asses him generally if it's a new patient or referral case if it's a referral case most likely someone has been somewhere like Muhammad Buhari since we are ahead of them we see a severe case they will come with a referral letter how there admitted and then things like that after you assess the patient you will check… ..saving with him the patient needs to be in the ICU or be just in normal home so from there Most of the time is skin therapy and routine medications that are prescribed and a part from that in which the patient has something underline you also address it at the same time and then there is an X-ray ECG test everyone is given on admission full blood count, EUC… .Because of the ECQ

**I: Are there tactical issues related to human health then for example you know some countries there are situations where they take video what they are insulting the government, there are issues of counseling also matters a lot and there is a dedicated staff who is responsible?**

R: Yes, there is a Mr XXXX who gives you a number,

**I: Ok he is also a counselor?**

R: Yes he is the counselor

**I: Because it makes all the effort will be in vain if one refuses to cooperate then there is the issue of nutrition available, food and exercise and maintenance live in a clean place and so on?**

R: This is very well because for food they are also like ordering and they have to be cleaned three times a day, it is well equipped there is no hygiene problem or things

**I: Exercise?**

R: No. If they want to exercise, nothing is being provided for recreation except a television set but if you look at the way things are planned, there are places where they can go around and do things, especially for elderly patients, children. You see, they are doing this. You can find a camera because they have nothing to do there and most of them spend more than 30 days almost 30 days but if you do not intend to exercise you will not be able to exercise

 **I: Well but generally it's their cooperation between you and them?**

R: Elderly patient are appreciating, middle patient is also so much more right they are definitely children and they can recognize their agitation

**I: Since they feel they are strong enough?**

R: Yeah and most of the time youth go in there before initially not having any symptom and they are been isolated and have been stop from their activities without any symptom of Covid 19

**I: How do you think government requires improving the services you provide where you require improvement in the services being rendered on site?**

R: Honestly generally things are good but since you said improvement I don't know

**I: Some will speak EPE, others will…?**

R: In short most of the time there are there was never a time to go EPE outside infact not only for you if you want to take is just that along the way there was never a time you will not find PPEs in the isolation centre, but most of the time you will find that the PPEs are sub-standard

**I: How those working with patient affect your daily day to day activities that is self?**

R: It doesn’t affect me

**I: Any home guide or messages that you give to patient that are about to leave the hospital?**

R: Yes, this is true. It is the job of the counselor to pre-discharge them medically, the nurses and the personal, but either way they tell them to be isolated at home for 1 week or 2 weeks after that and they can resume their work with the certificate or something but there is nothing special like nutrition

**I: Then sir there is a follow up?**

R: Not followed up until recently but this is for research purpose

**INTERVIEW NUMBER 8 (P9)**

**I: What is your age?**

R: 35

**I: And your marital status?**

R: Married

**I: Can I know your profession?**

R: Medical doctor

**I: How long have you been managing Covid-19 patient?**

R: For the past3 / 4 months now

**I: Any previous training specific on Covid-19 before?**

R: What do you mean by training IPC or training on how to manage Covid-19

**I: You have only training on how to manage Covid-19 cases?**

R: There is

**I: For how long?**

R: For at least 1 week

**I: How did you get recruited?**

R: Yes I was just said that I should just report to Dawakin kudu

**I: From which hospital?**

R: From Sir Sunusi General Hospital

**I: What are your beliefs about Covid 19 since one started in China before it even came to Nigeria?**

R: Actually I know is a new disease which no one knows what is going to happen so

**I: As a health care professional what preparation did you do before you start managing patient?**

R: Actually as I told you I was just said to report to Kwanar dawaki I believe that I will do all the possible things as part of the preventive measures to protect myself and then pray hard

**I: Tell us about the health status of the Patient you treat so far while on admission?**

**R:** We manage kwanar dawaki manage some critical cases, severe cases actually we have not manage critical one that need to be incubated so severe to mild symptoms this is what we manage

**I: Have they really improved very well?**

R: Actually remarkably

**I: On Average do we say 80% / 90% Improvement?**

R: Actually we have total of 170+ patients, out of which 16% of them where severe, and out of 16% we lost out of that 177, we lost 7 patients

**I: Can you describe the Routine treatment Activities you offer to Patient Rights from Admission?**

R: Actually what we do is basically symptomatic care and we give them some antiviral drugs just to reduce the replication of the virus because there is no specific care for COVID-19 for now

**I: Can you describe the Patient level of cooperation while on isolation?**

R: Actually when they were brought in they use to be a just kind of confusion probably some are thinking they are going to die some may feel they are push or force to come so and then bring somebody and then the place mean to him is a something you have to even counsel him before he can even accept and then because if he didn’t accept he will not take drugs so that is the only challenge but after some just for a turtle 48hrs they use to see what we are doing and they give us maximum cooperation

**I: Are there area you think that the services you are rendering Requires Improvement?**

R:**:** Actually they are a lot of things that this level of improvement basically base on demand power maybe and even though the government has try a lot because we have made a lot of request which none of them has come back not approved so they have done their best actually

 **I: Then personally do you think working with Covid 19 patient affect your day to day activities a part from your routine activities as a medical doctor?**

R: You know as I told you we are the first to report to kwanar dawaki so at times, I thought I may have been infected so we have to avoid having contact with our own family and community so I keep myself away from people because of preventive measure because if to say I have to be managing Convid 19 cases together I am moving around with people playing…a times probably I may be infected while continue sitting with others just like others so we have to avoid ourselves by going with contact with our own family and community so I keep myself away from people actually

**I: Do you give them takehome messages like a kind of explaining on how to prevent infecting others or become reinfected?**

R: Yes you know during as I tell you Covid 19 from emerging disease no one know what is going to happen so after there are a lot of within the forecast command they have change a lot of protocol ….of the criteria discharging criteria … 2 negative then later on they say 1 negative with on isolation so basically we go with 1 negative one with isolation and then at the same time we counsel them on the preventive measures that is washing hand and using face mask, hand sanitizers

**I: Follow up sir?**

R: Yes we do follow up we do for a lot of them and up to now we are doing follow up for them

**INTERVIEW NUMBER 9 (P7)**

**I: Can I know your age?**

R: 60

**I: And your marital status**

R: Married with children

**I: What about your profession?**

R: Professional Nurse

**I: How long have you been managing Covid-19 patients?**

R: Since from the beginning of the task force 11th April to date

**I: Do you have any previous training on Covid-19?**

R: Actually I don’t have why because I am a retired experienced counselor, I have counseled patients diagnosed with infectious diseases such as Lassa fever monkey pox and I happened to counsel the index case of COVID-19 in Kano. We use to go to any length to support them psycho-sociologically

**I: How did you get recruited for this Covid-19?**

R: Like I tell you earlier they use to ask me or rather they use to take me to counsel patient so when the case come up I was at home sitting around 3pm I was call to come to EOC that’s around Nassarawa hospital, when I went there they tell me straight ahead that I am going to counsel a patient been admitted today that was from EOC they brought me down to Kwanar dawaki, I was the first person to get first contact with the patient on admissions

**I: What are your believe about Covid 19 before we even have the first index case in Nigeria?**

R: Actually I am very much conversant with media to I have been following them, maybe because of my profession and it was been consider as a pandemic, pandemic that means it has wide spread so I was interested in the condition so I have been browsing, watching other countries managing their patient

**I: as a health care worker do you have like personal preparation you did before the infection reaches Kano?**

R: I am retired and I am always at home. So, when I learnt about the first case of COVID-19 in Lagos, I continued to stay at home

**I: Can you tell us about the health status of the patient you treat so far while on admission?**

R: Health status there are getting better with the exception of those that were lost and there were lost not because of Covid 19 so to say but because of one infection or the other

**I: But generally if you are to rate the level of recovery can you give yourself by percentage the level of recovery?**

R: 90%

**I: Will you now describe the routine treatment activities you offer to this patient while on admission?**

R:Ok very lucky that I am just coming out of the ward, normally what we give them are just going to serve their treatment, we give them …. Basically we have is symptomatic and nonsymptomatic patients and critical patient even so for those that are symptomatic and critical their line of management differ from those who are nonspmptomatic but basically there are doing place on alluvia that is antiretroviral drugs then some analgesic, some vitamin just like Vitamin C and for somebody that has another infection then is base on his condition

**I: What about things like less say probably the place of counseling, the place of exercise, the place of nutrition the place of prevention of cross infection within the hospital what will you say about that sir?**

R: Well … on IPC that is Infection Prevention and Control and for that matter we exercise, we comply with all the necessary measures put in place to prevent infection weather between patient to patient or between staff to patient because we don’t deal with patient relatives here exclusively its we the staff and our patient so we take all the measures to prevent infection been spread from one person to another in the unit so in term of counseling I am the counselor and I believe that you will have testimony from the patient, I counsel both the patient and the staff on duty yes I counsel them and then if you go into the wards the patient are beautifully been managed been manage in the sense that the environment is well prepare for managing the patient, well conducive because I am just asking a patient now that how is he doing he said he is fully convinced that we are trying for the patient just now so we have everything in place and we work them accordingly

**I: How can you describe your patient level of cooperation while on admission?**

R: Well you know somebody been brought even if he happens to be very much cooperative so as soon as I come I normally convinced them because I successfully convinced a lot of patient not confusing them so that the time I gave them all necessary explanation you find them completely relax and they accept their faith and they stay with us for the period of their management.

**I: What area of management do you think requires improvement?**

R: For now you know there was sizing the un size staff but you see for now we have 24 patient on admission patient and there was not considering that the number of staff should be added to meet the demand of the patient so for now the only problem that we are having is manpower and I believe that if they are aware by the time they send more staff everything will be alright’.

**I: Now that you are already a retired civil servant because of your experience and you are been coopted to come back how does treatment of Covid 19 affected your day to day activities?**

R:I only retired last February so I was really enjoying my retirement at home but when this call came up being a national call, been a trained nurse that even at home even all these first aid, so when I was asked to come down to take part of the activities I was very pleased to be here

**I: You don’t feel a stress?**

R**:** No I don’t

**I: Anything like take home messages for patient that you normally discharge do you give them guide or take home messages when you are about to discharge them?**

R:Yes we try because you know people infect there are some people that they don’t even believe that Corona or Covid 19 is in existence but at the time they come if they happen to see some patients which condition are even more severe than their own they do believe that Covid 19 is a reality so we now tell them that depending on their ages and the category of their presentation we normally tell them that they should advice their people when they go they carry the messages along with them that people should try all possible best means to see that somebody has not gotten the infection this is what we told them, we gave them health talk on how to because there is possibility of somebody been reinfected so we highlight everything we give them health talk we give them advice on how to take their drugs and how to stay safe even ask them to take the message across

**I: Any follow up?**

R: Yes there is follow up even tomorrow we are going to have a follow up all patient that were

**I: They come physically or you talk to them on phone?**

R: Normally what I do I subject the responsibility of communicating with the patient I call them on phones and for those of them that I consider to be literate who can read I normally send message before calling them then I follow up with phone call, I text them then I follow up with the phone call. Tuesday from 9am we always received our patient for follow up

**INTERVIEW NUMBER 10 (P5)**

**I: Can I know your age?**

R: 24 years

**I: And your marital status**

R: Single

**I: What about you profession?**

R: Nursing

**I: How long have you been managing Covid-19 patients?**

R: Since May 2020

**I: Where you previously train?**

R: Yes there was training given to us before we started managing them

**I: Like where and for how long?**

R: I have been train in Giginyu and I was also train when I come here all together will be like for one week

**I: Did you work anywhere before been recruited to work in isolation center?**

R: Actually I work in private hospital before I come here I apply to work as a volunteer and later on we are recruited to work for them

**I: Did you believe with Covid 1 before the index case in Kano state?**

R: Yes I believe with it because I have seen videos of Covid 19 patients and am following journals for updates

**I: Did you made any preparation before the index case in Kano state?**

R: Yes I made some preparation but at first we don’t think it will spread to Nigeria that’s why I don’t make any physical preparation

**I: How can you tell us the health status of Covid 19 patients from admission to discharge?**

R: They really improved I will not say 100% improvement but some are admitted unconscious but giving series of treatment example use of oxygen, some are giving medication and counsel them because of anxiety and fear some of them some take Covid 19as a deadly disease so they have to be counsel so there is a lot of improvements most of them recover

**I: What are your routine activities in managing patient with Covid-19?**

R: It depends on the nature of the patient if the person is asymptomatic some of them did not develop any symptoms so there are manage by giving them Vitamin C etc then you continue to manage them base on their symptoms example fever some will develop difficulty in breathing they are treat base on their condition though some people have diarrhea a lot of them are having diarrhea they are out of their mind some even almost all. You have to change their diapers four times a day, so you can see that they are suffering, the treatment depends on the stage in which the person is in Covid 19 some are still suffering from a different disease we will be managing both Covid 19 and other disease if he recover from Covid 19 he will then be refer to other facility for cure

**I: What of the nature of their food and exercise is there plan for exercise?**

R: There is not problem pertaining their food. Concerning food, we used to give them food based on individual needs especially those that have diabetes also there is intercom in each room where we encourage them to call us if they need food or any other thing we will provide for them and if there need is for their relatives to provide we make sure we call them and they bring it to them

**I: What of the level of cooperation from Covid-19 patients?**

R: Most of them cooperate is just few that don’t cooperate mostly there is a particular medicine that cause diarrhea so some refuse to take it unless you explain and counsel them that there is anti diarrhea among the medicine so later on they take it

**I: Are there some areas that you think should be improved in your work environment, especially in the health care system?**

R: Yes, there are some areas that need to be improved in the first place since it not a hospital We actually need a special residence within the isolation center where we are going to rest after the day’s work

**I: Instead of going home, Its possible you are infected and you transmit it to others?**

R: Yes you can be infected without knowing maybe through your cloth and later on transmit it to others

**I: How did managing Covid 19 patient affect you daily routine activities?**

R: It has affected my daily activities because I am always indoor I don’t relate with people except my close friends also with precautions to avoid infecting them

**I: Did you counsel them or any guide line before discharging them?**

R: Yes we counsel the before discharge and ask them to be on isolation for about 2 weeks, we provide them with mask and tell them all sort of precautions and they are familiar with some of the guidelines

**I: Is there follow up?**

R: Yes they come for follow up

**I: Did they come to the facility for follow up?**

R: We use to do follow up through phone call and we entertain their complain

**INTERVIEW NUMBER 11 (P12)**

**I: What is your age?**

R: 21 years

**I: Can I know your marital status?**

R: Marriage

**I: What is your profession?**

R: Medical Laboratory Technician

**I: How long have you been managing Covid-19 patients?**

R: Since the inception

**I: Like March, April, May?**

R: Since the first outbreak

**I: Around March?**

R: I couldn’t remember

**I: Any previous training on Covid-19?**

R: Yes

**I: For how long months or weeks?**

R: It was 1 week prior to the outbreak

**I: Where were you trained?**

R: No, we had a breakdown after a few people were selected and we went to the Royal Tropicana Hotel.

**I: How did you get recruited such as a healthcare provider?**

R: Well through Hospital Management Board or the process I followed

**I: Yes some I knowthey work somewhere some are also on their own but later on how did you get yourself involve in Covid-19?**

R: Well I was a staff at isolation center yar gaya

**I: What are your believes on Covid 19 before the index case come to Nigeria?**

R: I believe it exist and afraid of it

**I: As a healthcare worker what preparation did you take before the index case in Kano?**

R: As individual or group

**I: As individual?**

R: On my own you mean either I drink something tradition or something

**I: No preparation,**

R: I prayed; my parents also prayed for my safety

**I: Besides, you didn't make any preparation?**

R: No I did not make any preparation rather I just isolate myself from people even at home I avoid contact with people

**I: What is the health status of patient you manage with Covid 19 from admission to discharge?**

R: There are well-managed they just complain there are been isolated in one place but regarding patient they recover unless those with other illness after they are free from Covid 19 they will be refer somewhere for proper treatment

**I: What are the routine activities you provide in the center?**

R: We have new machines that do full blood count, lipid profile and epistemologies

**I: Ok you all do them?**

R: Yes, it's just a matter of micro biology

**I: But for example based on your experience an area you think needs to be improved what areas required improvement?**

R: In our laboratory

**I: Yes and all the other services that you see after your laboratories there are some places that you will see you probably require improvement?**

R: Our laboratory needs reagents to be supplied before we exhausted those available

**I: Ok meaning that they shouldn’t go out of stock?**

R: Eh we should not be running out of stock we have to be having others established before we exhausted it we have extra to use that will stop delay of test because it take time to request for and been provide

**I: But how did you think working with Covid 19 affect your day to day activities?**

R: Its stressful because we always go for work every day while others are at home

**I: Its time demanding than normal routine work?**

R: Yes its more stressful

**I: Is there any guideline you give patient before discharge?**

R: Yes they are ask to be isolated for 1 week at home to get fully recovered is just what I know because its not my field

**I: What of follow up?**

R: Yes they come for follow up